



City of Santa Clara

The Center of What's Possible

LOBBYIST REGISTRATION FORM

For Official Use Only

Type of Report:

☐ Initial Registration

Page ____ of ____

SCMC § 2.155.030 and 2.155.040
SEE INSTRUCTIONS

See Fee Schedule at City Clerk Webpage

SECTION I

REGISTRATION

Are you a: ☐ Contract Lobbyist ☐ Business or Organization Lobbyist ☐ Expenditure Lobbyist

Name of Lobbyist:

Telephone Number:

()

Business Address: (Number and Street)

(City)

(State)

(Zip Code)

Fax Number:

()

Mailing Address: (If different than above)

E-mail:

Specify how the Contract Lobbyist, Business or Operation Lobbyist, or the Expenditure Lobbyist is organized:

☐ Sole Proprietorship ☐ Partnership ☐ Non-Profit Corporation ☐ For-Profit Corporation ☐ Other: _____

☐ If the Lobbyist is a sole proprietor or partnership of fewer than five (5) persons, state the name(s) of the sole proprietor or persons with an ownership interest in the business: _____

☐ If the Lobbyist is a corporation (for-profit or non-profit), state the name(s) of Officers and Agent for Service of Process and their respective contact information (if different from above): _____

☐ This page may be duplicated. If more space is needed, check this box and attach added pages

SECTION I:**REPORT FOR EACH CATEGORY OF LOBBYIST****☐ Contract Lobbyist**

Name of each person working for the Contract Lobbyist that is engaged in lobbying activity:

CLIENT INFORMATION

Client Name, Address, and Telephone Number

Effective Date of Representation

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Specify the nature and purpose of the Client's business.

THE LEGISLATIVE OR ADMINISTRATIVE ACTION(S) THE CONTRACT LOBBYIST SEEKS TO INFLUENCE.

Describe the legislative or administrative action(s) the Contract Lobbyist was retained to influence and the outcome sought.

CLIENT INFORMATION (CONTRACT LOBBYIST ONLY)

Client Name, Address, and Telephone Number

Effective Date

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Client Name, Address, and Telephone Number

Effective Date

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Client Name, Address, and Telephone Number

Effective Date

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Client Name, Address, and Telephone Number

Effective Date

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Effective Date

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☐ Business or Organization Lobbyist

Amount of Payment or Expenditure: \$ _____

SECTION III**ATTACHMENTS**

☐ I have reviewed the forms and I have nothing to report.

☐ Attached to this Report is/are the following forms (check all that apply):

☐ Form A - Lobbyist Notice of Termination

☐ Form B - Payment for Consultant and Other Services

FEES DUE

☐ Lobbyist Initial Registration Fee* (January 1 - June 30)

\$

☐ Prorated Registration Fee** (July 1 - December 31)

\$

Total Payment Due With Report

\$

NOTE: See City Clerk webpage for current fee schedule. Late fees will apply to any lobbying activity not reported after the 15 days of qualifying as a lobbyist

**Initial registration fee is due within 15 days after qualifying as a lobbyist*

***Prorated fee applies for persons registering for the first time after June 30 of a given year*

VERIFICATION

I certify that I have been authorized by the Lobbyist identified above to make this verification. I have reviewed the requirements of the provisions of the Santa Clara Municipal Code (Chapter 2.155). I certify under penalty of perjury under the laws of the State of California that I have reviewed this Lobbyist Report and to the best of my knowledge the information contained herein is true and complete.

Print Name: _____

Title: _____

Signature: _____

Executed on: _____

(month, day, year)